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## \*BIBDATASHEET\*

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Bib Data Sheet

|                             |  |              |                        |                                    |
|-----------------------------|--|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/734,977 | FILING OR 371(c)<br>DATE<br>12/15/2003<br>RULE | CLASS<br>210 | GROUP ART UNIT<br>1723 | ATTORNEY<br>DOCKET NO.<br>0111/001 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/22/2004

|                                 |   |                        |                     |                   |                         |
|---------------------------------|---|------------------------|---------------------|-------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>8 | TOTAL CLAIMS<br>4 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                   |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                        |                     |                   |                         |

## ADDRESS

30734

## TITLE

COAXIAL FULL-FLOW AND BYPASS OIL FILTER

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>685 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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